



STATE OF HAWAII
HAWAII CIVIL RIGHTS COMMISSION
Princess Ke`elikolani Building, 830 Punchbowl Street, Room 411, Honolulu, Hawaii 96813

**INSTRUCTION SHEET AND CHECKLIST FOR
ACCESS TO STATE FUNDED SERVICES
PRE-COMPLAINT QUESTIONNAIRE**

***HAWAII CIVIL RIGHTS COMMISSION PRE-COMPLAINT INSTRUCTIONS AND CHECKLIST
ACCESS TO STATE and STATE-FUNDED SERVICES***

This information is provided to help you decide whether or not your problem dealing with denial of access to State or State-Funded Services can be handled by the Hawaii Civil Rights Commission (HCRC). **IT IS NOT MEANT TO DISCOURAGE YOU FROM FILING A COMPLAINT.**

If you have difficulty understanding these instructions or have any questions, call the Hawaii Civil Rights Commission office at 586-8636 (Voice), 586-8692 (TDD) or 586-8655 (FAX). If you are on the Neighbor Islands, call toll free by dialing: Kauai: 274-3141 (ext. 6-8636#); Maui: 984-2400 (ext. 6-8636#); Hawaii: 974-4000 (ext. 6-8636#); Lana'i & Moloka'i: 1-800-468-4644 (ext. 6-8636#).

Enclosed is a Pre-Complaint Questionnaire. Please fill it out and return it as soon as possible. You will then be called to set up an appointment for an interview with Commission staff. If you are not called within 30 days after you return it to us, please call us. At this interview be prepared to provide the staff with information and bring any documents you have which will help us to understand your problem. **IF YOU DO NOT SEND IN A COMPLETED PRE-COMPLAINT QUESTIONNAIRE YOU WILL NOT RECEIVE AN APPOINTMENT.** If you have a specific problem, such as a language difficulty, that makes it hard for you to fill out the Pre-Complaint Questionnaire, please call us.

WARNING--YOUR RETURN OF A COMPLETED PRE-COMPLAINT QUESTIONNAIRE DOES NOT CONSTITUTE THE FILING OF A COMPLAINT--YOU MUST STILL FILE AN OFFICIAL COMPLAINT WHICH A COMMISSION STAFF PERSON CAN ASSIST YOU WITH AFTER YOUR INTERVIEW.

SECTION I

We can only take complaints of illegal discrimination. This means that you can't be excluded from participation in, be denied the benefits of, or be subjected to discrimination by state agencies or state funded services because of your disability.

The Commission does not handle any unfair treatment that is not due to one or more of the above reasons.

SECTION II

It is not easy to prove discrimination. In order to file a complaint, you must have information to explain why you believe the unfair treatment was because of your disability, as stated in Section I. When we investigate your case, we need either direct evidence (derogatory comments, harassment) or we need find evidence that you were treated differently because of your disability.

Upon receipt of your enclosed Pre-Complaint Questionnaire, you will be scheduled for an interview with an HCRC investigator. Be prepared to provide the investigator with information and bring any documents you have which will help us to understand your problem.

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SECTION III

The state statute of limitations for filing complaints with the Hawai'i Civil Rights Commission is 180 days after the date upon which the alleged discriminatory practice occurred or the last occurrence in a pattern of ongoing discriminatory practice.

THEREFORE, IF YOU ARE COMPLAINING ABOUT SOMETHING THAT HAPPENED OVER FIVE (5) MONTHS AGO and near this statute of limitations for filing a complaint, call the Hawai'i Civil Rights Commission office at 586-8636 (Voice), 586-8692 (TDD) or 586-8655 (FAX). If you are on the Neighbor Islands, call toll free by dialing: Kaua'i: 274-3141 (ext. 6-8636#); Maui: 984-2400 (ext. 6-8636#); Hawai'i: 974-4000 (ext. 6-8636#); Lana'i & Moloka'i: 1-800-468-4644 (ext. 6-8636#) and ask to speak to an investigator. Any delay may cause a time problem that could prevent us from accepting your complaint.

REMEMBER: IT IS ILLEGAL FOR A STATE OR STATE-FUNDED ENTITY TO RETALIATE AGAINST YOU FOR FILING A COMPLAINT OR FOR CONTACTING THIS COMMISSION.

Call the Hawai'i Civil Rights Commission office if you have any questions.

The **Delivery Information** section below lists various delivery options. Please select the most convenient method and submit the completed form accordingly.

Please remember to sign and date the form before submitting it.

Delivery Information

Delivery by U.S. Mail or In-Person

Hawai'i Civil Rights Commission

Princess Ke`elikolani Building, 830 Punchbowl Street, Room 411, Honolulu, Hawai'i 96813

Delivery via Fax

Hawai'i Civil Rights Commission

(808) 586-8899



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ACCESS TO STATE FUNDED SERVICES
PRE-COMPLAINT QUESTIONNAIRE

Please fill out this questionnaire completely. The information will be used to determine if we have jurisdiction to investigate your discrimination complaint, and to draft the charge of discrimination. You may be contacted for either a telephone or in-office interview. Please print clearly. Submit documents that support your allegation of discrimination.

1. Information about you

Date _____

Name (Last, First, Middle Initial(s))				
Address		City	State	Zip Code
Home Phone ()	Work Phone ()		Cell Phone ()	
Race/Ethnicity	Sex	Social Security Number	Age	Date of Birth
Name/Telephone/Address of a person to contact if we can't reach you				

2. State agency, program or activity that discriminated against you

Name	
Address	
City	Zip Code
Island <input type="checkbox"/> O`ahu <input type="checkbox"/> Kaua`i <input type="checkbox"/> Maui <input type="checkbox"/> Hawai`i <input type="checkbox"/> Moloka`i <input type="checkbox"/> Lana`i	Telephone ()

3. I was discriminated against because of my:

(Check the protected basis)	
<input type="checkbox"/> Disability (physical mental)	<input type="checkbox"/> Retaliation (opposed discrimination)
If disability, what is the disability _____	

4. I was discriminated against by being

(Check the adverse action)	
<input type="checkbox"/> Denied Participation	<input type="checkbox"/> Denied Accommodation <input type="checkbox"/> Denied Benefits <input type="checkbox"/> Other
If other, specify _____	

HCRC USE ONLY		
DB#	Assigned to	Date Assigned
Interview Date	Action Taken	Date Action Taken

Previous Editions Obsolete

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(Rev. 10/05)

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5. Date of the Last Discriminatory Exclusion or Denial (must be within the past 180 days)

6. Name(s) and job title(s) of the person(s) who discriminated against you

7. What reason was given to you for the exclusion or denial

8. How did you learn about the Hawai'i Civil Rights Commission

Directions: Please provide a summary of the discriminatory adverse actions with the names of those who discriminated against you. Start with the earliest date and end with the last date. Use separate sheets of paper as necessary. On the next page, include the name/telephone/address of witnesses who have evidence of the discrimination.

Dates of Discrimination	Describe the discriminatory adverse actions (Explain why the actions were because of your protected basis)

ACCESS TO STATE FUNDED SERVICES PRE-COMPLAINT QUESTIONNAIRE

Dates of Discrimination	Continuation of the discriminatory adverse actions (Explain why the actions were because of your protected basis)

Witnesses who have evidence of the discriminatory adverse actions		
Name	Telephone (Home and Work)	Address

Closing Statement: I declare under penalty of perjury that the forgoing is true and correct.

Signature

Visit our Website at www.hawaii.gov/labor for ALL interactive and downloadable forms.